

Foster Family Home ~~Compliance~~ Action Report

Provider ID: 2-591075

Home Name: Liberty Albano, CNA

Review ID: 2-591075-6

16-530 Ohe Street

Reviewer: Carol Copeland

Keaau

HI 96749

Begin Date: 9/27/2019

Foster Family Home


Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no plan of correction due.


Compliance Manager


Primary Care Giver

9/27/19
Date

9/27/2019
Date